



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MAIL CODE 401-04Q  
DIVISION OF WATER SUPPLY & GEOSCIENCE  
**BUREAU OF WATER ALLOCATION & WELL PERMITTING**  
P.O. Box 420  
TRENTON, NEW JERSEY 08625-0420  
(609) 984-6831



**SHORT TERM WATER USE PERMIT-BY-RULE**

This form is, once it is completed and submitted, constitutes permit-by-rule for the diversion of 100,000 gallons of water per day or more for periods of less than 31 days annually. This form must be submitted 30 days prior to the start of the diversion activity.

In accordance with N.J.A.C. 7:19-2.17(a)2, any well or surface water supply system which becomes damaged, dry, has reduced capacity, reduced water quality or is otherwise rendered unusable as a result of this diversion shall be repaired or replaced at the expense of the owner of the project.

**NOTE:** If the total duration of the diversion activity exceeds 30 days, the owner is responsible for obtaining a Water Allocation Permit. The owner of the project shall be subject to fines if pumping is commenced prior to obtaining this permit.

**1. General Information**

Owner/Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Estimated Start Date \_\_\_\_\_ Estimated Completion Date \_\_\_\_\_

**Location:**

Municipality \_\_\_\_\_ County \_\_\_\_\_

An 8-1/2" x 11" photocopy of the portion of the USGS quadrangle map indicating the exact location of the diversion sources must be attached.

Diversion is to be used for the following purpose: \_\_\_\_\_

**2. Diversion Sources:** (Attach additional sheets if necessary)

a. Groundwater

Dewatering System/ Well Permit No.	Well Name	Depth (feet)	Screen Interval	Capacity (gpm)	Formation
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

b. Surface Water

Stream or Pond Name	Pump Capacity gpm
_____	_____
_____	_____
_____	_____

The owner is also responsible for:

- \_\_\_\_\_ notifying their local Health Department of the proposed diversion;
- \_\_\_\_\_ notifying all well owners within the estimated zone of influence of the diversion;
- \_\_\_\_\_ investigating valid complaints of interference and reporting to the Bureau of Water Allocation & Well Permitting on the findings. Wells which have been adversely impacted as a result of the diversion shall be repaired or replaced; and
- \_\_\_\_\_ upon completion of the pumping activity, a Short Term Water Use Report (Form BWA-004) must be submitted.

**A COPY OF THIS COMPLETED FORM MUST BE KEPT AT THE WORKSITE AS NO FORMAL PERMIT WILL BE ISSUED FOR THIS ACTIVITY.**